

**DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION**  
**(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing

**OR**

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

**Attorney Docket Number: 350.003**

**First Named Inventor: Kulcsar, Laszlo**

**COMPLETE IF KNOWN**

Application Number: Unknown

Filing Date: November 5, 2003

Group Art Unit: Not yet assigned

Examiner Name: Not yet assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIPLE CREDIT CARD MANAGEMENT SYSTEM

the specification of which

☒ is attached hereto

OR

☐ was filed on December 11, 2002 as United States Application Number or PCT International Application Number \_\_\_\_\_ was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)–(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Not Claimed	Certified Copy Attached?
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)		

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

_____	_____	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
(Application Number)	(Month/Day/Year Filed)	
_____	_____	
(Application Number)	(Month/Day/Year Filed)	

## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to the patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application(s)

(Number)	(Month/Day/Year Filed)	(Patent Number (if applicable))
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(Number)	(Month/Day/Year Filed)	(Patent Number (if applicable))
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☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Lisa M. Gehrke, Reg. No. 38,888

Lisa A. Brzycki, Reg. No. 40,926

Direct all telephone calls to LISA A. BRZYCKI at telephone number (414) 774.0874, facsimile number (414) 774.4837.

Direct all correspondence to: LISA A. BRZYCKI

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### Full name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle [if any]) & Family Name/Surname: LASZLO KULCSAR

Inventor's Signature: [Signature] Date: 10/31/03

Residence (city, state, country): 116525 Gebhardt Rd Citizenship: USA

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### Full name of Second Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle [if any]) & Family Name/Surname: GWENDA KULCSAR

Inventor's Signature: [Signature] Date: 10/31/03

Residence (city, state, country): 116525 Gebhardt Rd Citizenship: USA

Post Office Address:

(city, state, zip, country): Brookfield, Wisconsin 53005